



October 27, 2008

Dear Community Leader:

The Arizona Health Facilities Authority is pleased to announce the availability of funds through the St. Luke's Health Initiatives to assist local community health agencies and organizations in improving, maintaining and monitoring the health of the communities across the State of Arizona.

The Arizona Department of Health Services, Bureau of Health Systems Development and Oral Health as a collaborative partner with the Arizona Health Facilities Authority and St. Luke's Health Initiatives will provide technical assistance to applicants in the design and development of the mini-grant application and project materials.

The funds may be used for the following purposes:

- Local Primary Care Needs Assessment
- Community Primary Care Strategic Planning
- Community Primary Care Improvement
- Community Primary Care Identification of Alternatives and Resources
- Community Program Planning, Implementation and Evaluation

The funds will be awarded as mini-grants to applicants that meet the intent of the grant guidance. The amount will be based on the proposed activity and may range from \$15,000 to \$20,000. The deadline for submission of a complete application is 5:00 pm Monday, February 2, 2009. Representation of rural areas, Native-American tribes and organizations, and smaller organizations in the process of initiating services for vulnerable and medically underserved populations will be a strong consideration in the selection of the grantees.

This year the application will be available in PDF and Microsoft Word format. Please contact Mónica Gutierrez Community Development Program Manager, Bureau of Health Systems Development and Oral Health at [gutiermn@azdhs.gov](mailto:gutiermn@azdhs.gov) or 602-542-2904 for more information or technical assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "Blaine Bandi", is placed below the word "Sincerely,".

Blaine Bandi  
Executive Director  
Arizona Health Facilities Authority

## Primary Care Mini Grant 2009

### Background

#### **The Arizona Health Facilities Authority (AzHFA)**

The preeminent provider of tax-exempt financing for nonprofit health care institutions and providers in Arizona. The Authority was established by the Arizona legislature in 1977 to issue bonds for the purpose of improving health care for residents of this state by providing less expensive financing for health care facilities.

#### **St. Luke's Health Initiatives (SLHI)**

Has been an Arizona nonprofit corporation since 1907. For most of its existence, SLHI operated one or more hospitals in the Phoenix metropolitan area, since selling its hospital facilities, SLHI has used its financial assets to fund charitable activities and engage in public education activities as determined by the Board of Trustees following a study of community health needs and broad citizen input. SLHI continues to focus on the same principles of excellence, service and volunteerism.

#### **The Bureau of Health Systems Development and Oral Health (BHSDOH)**

The Arizona Department of Health Services was established in 1995 and is the Primary Care Office for the State of Arizona. The BHSDOH administers the Primary Care Programs and provides a complementary focus on improving access to primary health care through workforce recruitment, retention programs and the designation of medically underserved areas. The principal focus is to improve access to primary health care, particularly among vulnerable and underserved populations. The Community Development programs within BHSDOH in partnership with the AzHFA and SLHI will provide the technical assistance for the Primary Care Mini-Grants.

### Guidelines

#### **The funds may be used for the following purposes:**

*Local Primary Care Needs Assessment-* The funding may be utilized by a community to assess and identify areas of need. This may include gathering of data through surveys, focus groups or interviews of key informants and stakeholders. Efforts can be directed towards measuring the level of awareness and knowledge or assessing the beliefs and attitudes regarding the prevention, treatment and access to health care for disease processes at a community level.

*Community Primary Care Strategic Planning* – If needs have been previously identified, a process for conducting strategic planning may be initiated.

*Community Primary Care Identification of Alternatives and Resources* – Assessment of community assets and generation of alternatives to address the primary health care needs of the community.

*Community Primary Care Identification of Alternatives and Resources* – Assessment of community assets and generation of alternatives to address the primary health care needs of the community.

*Community Program Planning, Implementation and Evaluation-* The funding may be utilized by a community to design, plan, test, implement, monitor and evaluate community health programs that focus on disease prevention and enable the communities to access primary health care.

**Award Amounts:**

The funds will be awarded as mini-grants to applicants that meet the intention of the grant guidance. The total amount of funds available is \$50,000. The funds will be split at 50 percent allocation to rural or urban underserved communities and 50 percent allocation to Native American communities, per eligible proposals. The amounts will be based on the proposed activity and may range from \$15,000 to \$20,000.

**Due date:**

The due date for submission of a complete application is 5:00 pm Monday, February 2, 2009. Successful candidates will be notified by Friday, February 13, 2009 and funds will be made available on Monday, February 16, 2009.

**Budget Period:**

February 16, 2009– February 8, 2010. Projects must be completed by February 8, 2010 and a final report submitted by February 22, 2010.

**Eligible Applicants:**

- Indian Health Services
- County Health Departments
- Native American Tribes and Tribal Organizations
- Non-Profit Organizations
- Community-based organization or coalition with a health focus

**Funding Exclusions:**

2008 Primary Care Mini Grant Grantees are not eligible to apply

The funds shall not be used for:

- Supplementing existing projects and associated projects cost
- Physical construction or renovation of a facility or space within a building
- Direct clinical services or purchase of direct services

**Partnership and Proven Capacity:**

In the application, provide a brief history of collaboration with identified partners for this project. Provide a letter of support from each partnering organization specifying the role and the level of commitment from each partnering agency. Projects should not be a duplication of another agency's services or previous projects. Funds can be used to partner with those agency's to enhance or create current project sustainability.

### Technical Assistance

In addition to making the awards available to the selected applicants, the Arizona Department of Health Services Bureau of Health Systems Development & Oral Health has agreed to partner with AzHFA to provide technical assistance in the following areas:

- |   |                               |
|---|-------------------------------|
| ▪ Development of needs assessment tools | ▪ Identification of Resources |
| ▪ Strategic Planning                    | ▪ Program Implementation      |
| ▪ Program Design                        | ▪ Program Evaluation          |

In the application, please consider the above areas of technical assistance, please describe what kind of technical assistance might be of value to your project and why. Describe how technical assistance could possibly be utilized to achieve enhanced outcomes.

**On-site visits:**

At least one on-site visit will be conducted to selected applicants. The purpose of the visit is to help aid mini grant project success by identifying and providing technical assistance to facilitate project completion.

**Technical Assistance Contact:**

Mónica Gutierrez, Community Development Manager

Phone: 602-542-2904

Email: [gutiermn@azdhs.gov](mailto:gutiermn@azdhs.gov)

### Application Process

1. Complete the application form by answering all the questions and providing relevant attachments and appendices.
2. Use a separate sheet when responding to the section titled “Project Information”
3. Submit the completed application either electronically or by mail 5:00 pm Monday, February 2, 2009



Submit your application electronically to:

[bbandi@azhfa.com](mailto:bbandi@azhfa.com)

“Primary Care Mini Grant Application” in the subject line.



Submit your application by mail:

Arizona Health Facilities Authority

Re: Primary Care Mini Grant Program

11024 North 28th Drive, Suite 200

Phoenix, Arizona 85029

4. Any questions or concerns prior to the submission of the application can be e-mailed to: [gutiermn@azdhs.gov](mailto:gutiermn@azdhs.gov)

Bureau of Health Systems Development and Oral Health, ADHS

Re: Primary Care Mini Grant Program

Mónica Gutierrez

1740 W. Adams Street, Suite 410

Phoenix, AZ. 85007

(602) 542-2904 or fax: (602) 542-2011

### Review Process

**Review Criteria:**

Applications that meet the intent and requirements of the guidance will be reviewed for funding consideration. Representation of rural areas, Native American tribes and organizations, and smaller organizations in the process of initiating services for vulnerable and medically underserved populations will be a strong consideration in the selection of the grantees.

There are no “weights” or other measures applied to these criteria, other than “yes” and “no”.

The applications must meet each of the following criteria:

- The effort to be funded must be focused on optimizing the health of Arizona residents by developing and strengthening systems and services to expand access to primary care and other services with emphasis on the health needs of underserved people and areas.
- The organization seeking the funding meets the criteria for eligibility:
- Is one of the eligible agencies or organizations listed above OR
- Is a non-profit organization (enclose documents for the proof of non-profit status with the application)
- The application materials are complete
- The need for the project is clearly identified and supported by data
- The effort to be funded can be replicated or can serve as a model for similar work in another community or area of the state and is not a duplicate project/ service.
- The objectives are clearly stated, measurable, appropriate and feasible with corresponding dates for each goal
- The role of the community coalition/partnership/advisory group is well defined and appropriate
- The staffing to conduct the project is adequate and qualified
- The target population to be served is clearly defined
- The budget is clear, complete, and appropriate and falls within the scope of the funding available.
- The applicant addressed sustainability strategies, if applicable.
- The applicant included an already conducted assessment. Please describe the implications from findings for the project for which funds are being requested

#### **Determination of Awards:**

An Application Review Committee will review the applications and will make their recommendations of potential selected grantees to the Arizona Health Facilities Authority. Selected applicants will be notified by the Bureau of Health Systems Development and Oral Health by Friday, February 13, 2009.

### **Award Distribution and Reporting Requirements**

#### **Distribution of Funds:**

Grant recipients will be notified by Friday, February 13, 2009. The funding will be provided in two phases. The first phase will make the grant recipient eligible for a seventy-five percent (75%) payment at the beginning of the project. The second phase will provide the remaining twenty-five percent (25%) upon the completion of the project.

#### **Progress Report:**

By July 6, 2009, grant recipients will be responsible for submitting a Progress Report. The report will include all the processes undertaken under planning, implementation, monitoring and evaluation of the project. The evaluation should measure the performance, processes and outcomes. It should describe the challenges and hardships that need to be overcome for the successful implementation of the project, and make a connection to the initial project goals and objectives.

**Final Report:**

By Monday February 22, 2010 the grantees shall submit a final report describing the project including planning, implementation, monitoring and evaluation of outcomes. The report should highlight the challenges and hardships faced during the implementation of the project and include evaluative statements and recommendations for others who might wish to undertake a similar effort and make a connection to the initial project goals and objectives. The Final Report shall most importantly include a detailed finalized budget and financial Summary indicating the utilization of the award amount towards the expenditures incurred.

**Application**

Select Funding Category: (please select only one)

Local Primary Care Needs Assessment

Community Primary Care Strategic Planning

Community Primary Care Improvement

Community Primary Care Identification of Alternatives and Resources

Community Program Planning, Implementation and Evaluation

**Organization Information**

*Name of organization*

*Address*

*City, State, Zip*

*Phone*

*Fax*

*Email*

*Name of contact person*

*Contact person's title*

Please check the one that best represents your organization:

Indian Health Services

County Health Department

Native American Tribe

Non-Profit Organization (please include non-profit status documentation)

Community-based health organization or coalition with a health focus

Other health care organization (please specify)

Mission Statement of the organization (and how this project specifically reflects the mission):

## Project Information

The description of the proposed project should be included on a separate sheet, not to exceed 10 pages and should contain the following information:

Name of the Project :

### **A. Project Description:**

Please describe briefly the project you are proposing and the need for such a program in your community. Explain how this project might be sustained once funding ends. (inclusive of data, studies, expressed needs etc.)

### **B. Goals and Objectives:**

Please state the specific objectives to be accomplished to achieve each of the broader goals. Please follow the SMART guidelines while listing the objectives. The objectives should be Specific, Measurable, Achievable, Realistic and include a Timeframe.

### **C. Geographic Area served:**

Please describe the geographic area to be covered by the project.

### **D. Target Population**

Please describe the characteristics of the target population of the project e.g. specific age-groups, socioeconomic status, race/ethnicity, etc.

### **E. Project Timeframe:**

Please provide a timeline for all aspects of the project.

### **F. Partnership or Coalition Relationship**

Please describe the relationship in which you are/will be working to implement the project to be funded. Include information on how the project will be planned, designed, implemented, monitored and evaluated. Include names, responsibilities and roles of partnering groups.

Please make sure that the proposed project is not duplicating or working at cross purposes with organizations already working on a similar project.

### **G. Staffing**

Please describe how this project will be staffed. Include an organizational chart and identify specific job responsibilities.

### **H. Sustainability**

Please describe how you envision or intend to continue to provide the service, program etc. to which this grant would be applied. If plan development is the project intent, how would the funds/ resources for implementation be secured?

## Budget Information

### Guidelines:

1. Provide a simple budget. Information is needed only for the project for which you are requesting funding, not for the organization as a whole. A format of the budget is on the next page.
2. Please note:
  - Use of in-kind contributions is encouraged
  - Funds may be used for personnel costs
  - Funds shall not be used to pay for direct clinical services, or for physical construction or renovation of a facility or space within a building
  - Please include any other funding sources received for this project (past or present)
3. Use the following format if possible, leaving the categories that are not applicable blank. If this format is not suitable, please attach a one-page budget to this application.
4. The Income section should include all the funds that are available for the project.
5. Attach a bottom line figure for your agency's budget for the most recent year, and a budget narrative explaining each of the budgeted project items

## Proposal Checklist

Completed Application

Documentation verifying not-for-profit status (if applicable)

Letters of support from all identified partners demonstrating a commitment to participate in your proposed project

Please submit required documentation for each mini-grant category

- Local Primary Care Needs Assessment – no additional documentation needed
- Community Primary Care Strategic Planning – completed Needs Assessment
- Community Primary Care Improvement Project – completed Strategic Plan

Attachment A: Budget

Attachment B: Certification Statement

Application prepared by:

Signature:

[Electronic signature]

Date:

Contact Information:



**Attachment: A****Primary Care Mini-Grants 2009: Budget****Income:***Support*

<u>Source</u>	<u>Amount</u>
Government grants	\$
Foundations	\$
Corporations	\$
United Way or other campaigns	\$
Individual contributions	\$
Fundraising events and products	\$
Membership Income	\$
In-kind support	\$
Investment income	\$

*Revenue*

Government contracts	\$
Earned Income	\$
Others (please specify)	\$
	\$
	\$
	\$
	\$
Total Income	\$
	\$

**Expenses***Item**Amount*

Personnel	\$
Supplies:	\$
A. Office	\$
B. Other	\$
In-state travel (0.375/mile)	\$
Postage	\$
Printing/Photocopying	\$
Rent	\$
Supervision & attendance at meetings	\$
Partners' and Staff Time	\$
Administration time	\$
Total Expense	\$

**Attachment: B**

**Primary Care Mini-Grants 2009: Certification Statement**

The

(Name of Organization)

is submitting this Primary Care Mini-Grant Application for funding from the St. Luke's Health Initiatives/ Arizona Health Facilities Authority.

As the

's

(Name of Organization)

contact person, my signature below certifies that all of the information provided in this application is accurate to the best of my knowledge. If funded, we agree to comply with the requirements of the Primary Care Mini-Grants Program as described in the Guidelines. We also agree to provide the reporting and financial summary of this award:

1. By \_\_\_\_\_, (6 months after the commencement of the project) submit a Progress Report to the Bureau of Health Systems Development, Arizona Department of Health Services. The Progress Report will indicate the planning, implementation, and objectives achieved in this time period. It will also include a Financial Summary describing the utilization of the award amount.
2. By \_\_\_\_\_, (completion of the project) submit a Final Report to the Bureau of Health Systems Development, Arizona Department of Health Services. The Final Report will indicate the planning, implementation, and objectives achieved. It will also include a Financial Summary describing the utilization of the award amount.
3. We are aware that seventy-five percent (75%) of the award will be distributed near the beginning of the project period and the remainder, twenty-five percent (25%), will be distributed at the end of the project period upon submission of the Award Acknowledgement document and the Final Project Report.

Signed:

[Electronic signature]

Date:

Typed Name:

Title:

Organization:

## Resource Toolkit:

In developing this application, applicant(s)/communities are invited to consult the following websites for additional community planning resources:

### Grant Writing Resources:

- RapidBI: How to write SMART objectives and SMARTer objectives  
<http://www.rapidbi.com/created/WriteSMARTObjectives.html>
- The Catalog of Federal Assistance: Developing And Writing Grant Proposals  
[http://12.46.245.173/pls/portal30/CATALOG.GRANT\\_PROPOSAL\\_DYN.show](http://12.46.245.173/pls/portal30/CATALOG.GRANT_PROPOSAL_DYN.show)
- The University of Montana: Grant Writing Tips  
<http://www.umt.edu/Research/gettinggrants/writingtips.htm>

### Community Resources:

- St. Luke's Health Initiatives: Community Development Tools  
[http://www.slhi.org/development\\_tools/index.shtml](http://www.slhi.org/development_tools/index.shtml)
- The Community Tool Box: Bringing Solutions to Light  
<http://ctb.ku.edu/>
- Children's Defense Fund: A Brief Guide to Arithmetic for Advocacy  
<http://www.childrensdefense.org/site/DocServer/arithmetic.pdf?docID=3981>
- Southern Rural Development Center: Mapping the Assets of Your Community A Key component for Building Local Capacity  
[http://srdc.msstate.edu/publications/227/227\\_asset\\_mapping.pdf](http://srdc.msstate.edu/publications/227/227_asset_mapping.pdf)

### Data Resources:

- The Annie E. Casey Foundation: KIDS COUNT Data Center  
<http://www.kidscount.org/datacenter/>
- Arizona Indicators: The Arizona Indicators Project provides a one-stop data research tool that tracks Arizona's economic, social and environmental trajectory  
<http://www.arizonaindicators.org/pages/global/about.html>

The views and opinions expressed in the above websites therein do not state or reflect those of the Arizona Health Facilities Authority, St. Luke's Health Initiatives or Bureau of Health Systems Development and Oral Health or any agency or entities thereof.